

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029574

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

310

3058

5-9

FILED AUG 6 1963

1. PLACE OF DEATH

a. COUNTY

St. Charles

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

COUNTY St. Charles

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Charles

Length of stay in 1b
19 Yrs.

c. CITY OR TOWN St. Charles

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 721 Decatur St.

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
721 Decatur St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Frank

Middle Phillip

Last Duello

4. DATE OF DEATH

Month Day Year
July 31, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Feb. 26, 1899

9. AGE (last birthday)

64

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Painter

10b. KIND OF BUSINESS OR INDUSTRY

Houses

11. BIRTHPLACE (City and state or country)

Dardenne, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Conrad Duello

13b. MOTHER'S MAIDEN NAME

Katherine Sommer

14. NAME OF HUSBAND OR WIFE

Josephine Beller

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mr. Gregory Duello, St. Charles, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

myocardial infarction
arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

10 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Hypertension

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred at

8:00 1963

July 1963

and last saw him alive on

July 16, 1963

on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE

W.A. Borromeo (Deputy or title)

MD

22b. ADDRESS

St. Charles, Mo

22c. DATE SIGNED

Aug 1, 1963 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

Aug. 2, 1963

23c. NAME OF CEMETERY OR CREMATORY

St. Charles Borromeo Cemetery

23d. LOCATION (City, town, or county)

St. Charles, Mo.

24. FUNERAL DIRECTOR

ADDRESS

H.C. Dallmeyer & Sons, St. Charles, Mo.

25. DATE RECD. BY LOCAL REG.

Aug 1 - 1963

26. REGISTRAR'S SIGNATURE

Mabel Zimmwalt Dep

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

1 0928

2 0928

3 2

4 0

5 2

6

7 0

8 2

9 4200

10

11

12 90-0

13 50

AUG 29 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Frederic H. Baine

Licensed Embalmer No. 4607

P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.